

# DAF SCHOOL OF NURSING & MIDWIFERY

Registered by Ministry of Education and Sports, Business, technical Vocational Education and Training Institution  
(BTNET)



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TEL: +256-393224940/+256-773988177

## APPLICATION FOR JANUARY AND JULY 2025 INTAKE

**AVAILABLE PROGRAMS** (Please tick appropriately in the box for the program applied for)

- ☐ CERTIFICATE IN NURSING – 2.5 YRS
- ☐ CERTIFICATE IN MIDWIFERY – 2.5 YRS
- ☐ DIPLOMA IN NURSING-DIRECT 3 YRS
- ☐ DIPLOMA IN NURSING- EXTENSION – 1.5 YRS
- ☐ DIPLOMA IN MIDWIFERY-EXTENSION – 1.5 YRS

### INTAKE APPLIED FOR:

- JANUARY INTAKE 2025 ☐
- JULY INTAKE 2025 ☐

### HOW TO APPLY

1. Attach a current-coloured passport size photograph to the form
2. Attach a copy of bank payment slip or receipt of **35,000/=** (thirty-five thousand shillings only) admission fee. (Money should be paid in the name of the applicant).
3. Admission fees can be paid to the bank. Name: DAF School of nursing and midwifery. Account Number **3203521399** Centenary Bank Lira Branch. Or paid to accounts office at DAF School of nursing and midwifery.
4. A filled copy of application can be returned physically to the school, or can be scanned with all other attachments as one pdf document. The pdf document should be named as applicant's name and be sent to [admin@dafsnm.ac.ug](mailto:admin@dafsnm.ac.ug). Or [dafsnm2022@gmail.com](mailto:dafsnm2022@gmail.com)
5. Applicants can download the application form from the schools' websites [www.dafsnm.ac.ug](http://www.dafsnm.ac.ug)
6. For enquiries, contact +256-393-224940 OR +256-773988177.

## FILL THIS FORM IN CAPITAL LETTERS ONLY

1.1 COURSE APPLIED FOR.....

1.2 NAME OF APPLICANT (as they appear on academic and other official documents)  
Surname.....

Middle name.....

Last Name.....

### 1.3 OTHER PERSONAL DETAILS

Date of Birth (DD...MM.... YY)	
GENDER (male/female)	
RELIGION	
NATIONALITY	
BIRTH DISTRICT	
CURRENT ADDRESS <ul style="list-style-type: none"><li>• District</li><li>• Sub-county</li><li>• Parish</li><li>• Village/Ward/Cell</li></ul>	
MARITAL STATUS	
CONTACTS (PERSONAL) <ul style="list-style-type: none"><li>• Mobile phone number</li><li>• E-mail address</li></ul>	
<b>Where married (FILL N/A if not applicable)</b>	
Name of spouse	
Occupation of spouse	
Contact of spouse (phone and email where possible)	

### 1.4 PARENT OR GUARDIAN

<b>NAME OF PARENT (NAME AND CONTACT)</b>	
FATHER	
MOTHER	
<b>WHO WILL PAY YOUR FEES? (Name and contact)</b>	
PARENT	
SELF	
GUARDIAN/SPOUSE	

SPONSOR	
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#### **1.4 ENTRY REQUIREMENT (attach copies of your entry requirements to this form)**

##### **CERTIFICATE IN NURSING/MIDWIFERY**

- Results slip for PLE, UCE pass slip or certificate or testimonial. Must have at least a pass in Chemistry, Biology, Physics, Mathematics and English.
- Attach Identity cards of schools attended

##### **DIPLOMA NURSING/MIDWIFERY EXTENSION**

- PLE pass slip, UCE pass slip and certificate.
- UNMEB certificate or results slip
- Practicing license/receipt from Uganda Nurses and Midwives council
- Identity cards from all schools attended.
- Attach all other professional documents

##### **DIPLOMA NURSING –DIRECT**

- PLE pass slip, UCE certificate and results slip
- UACE results slip or certificate or testimonial. (Must have a minimum of a principal and a subsidiary pass in either Biology or Chemistry).
- Identity cards from schools attended.

##### **DISCLAIMER**

UNEB and UNMEB hold the right to verify academic documents. Any falsification or impersonation once discovered on admission during the course will lead to automatic disqualification with no claims on school fees or any other money that will have been paid to the school. Also note that offences may be prosecuted by courts of law as deemed necessary.

##### **DECLARATION**

I confirm that the information given here is correct

Name .....

Signature of applicant.....

Date.....